SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

M 80 L9

AUGUSTA PERMIT # 1,044 TOWN COPY

Date Permit Issued 6 3 87 $ #4000 FEE ☐ If Double Fee Charged

Gary R. Fuller L.P.I. # 850

Local Plumbing Inspector Signature

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	611 Civic Center Dr

PROPERTY OWNERS NAME

Last: Charette First: Olin

Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	611 Civic Ct Dr Augusta 04330

Same

Owner/Applicant Statement

I certify that the Information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Olin J. Charette

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Gary R. Fuller 6-24-87

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☒ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS: NA
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
1 ac+	Rural

THIS APPLICATION REQUIRES:
1. ☒ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
   a. ☐ Requiring Local Plumbing Inspector Approval
   b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER Single Family Apt SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. ☒ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:
4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY
Drilled Well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION
1. ☒ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING
1. ☐ NOT REQUIRED
2. ☑ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
2 Bedroom
Minimum
500

JUN 2 1987

DESIGN FLOW: _____ (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
5	B

DEPTH TO LIMITING FACTOR: 48.

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☒ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 480 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 5/26/87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Hannah Bisphen 201 5/26/87

Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

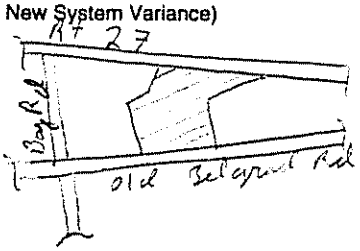
Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Rt 27	Olin Charette

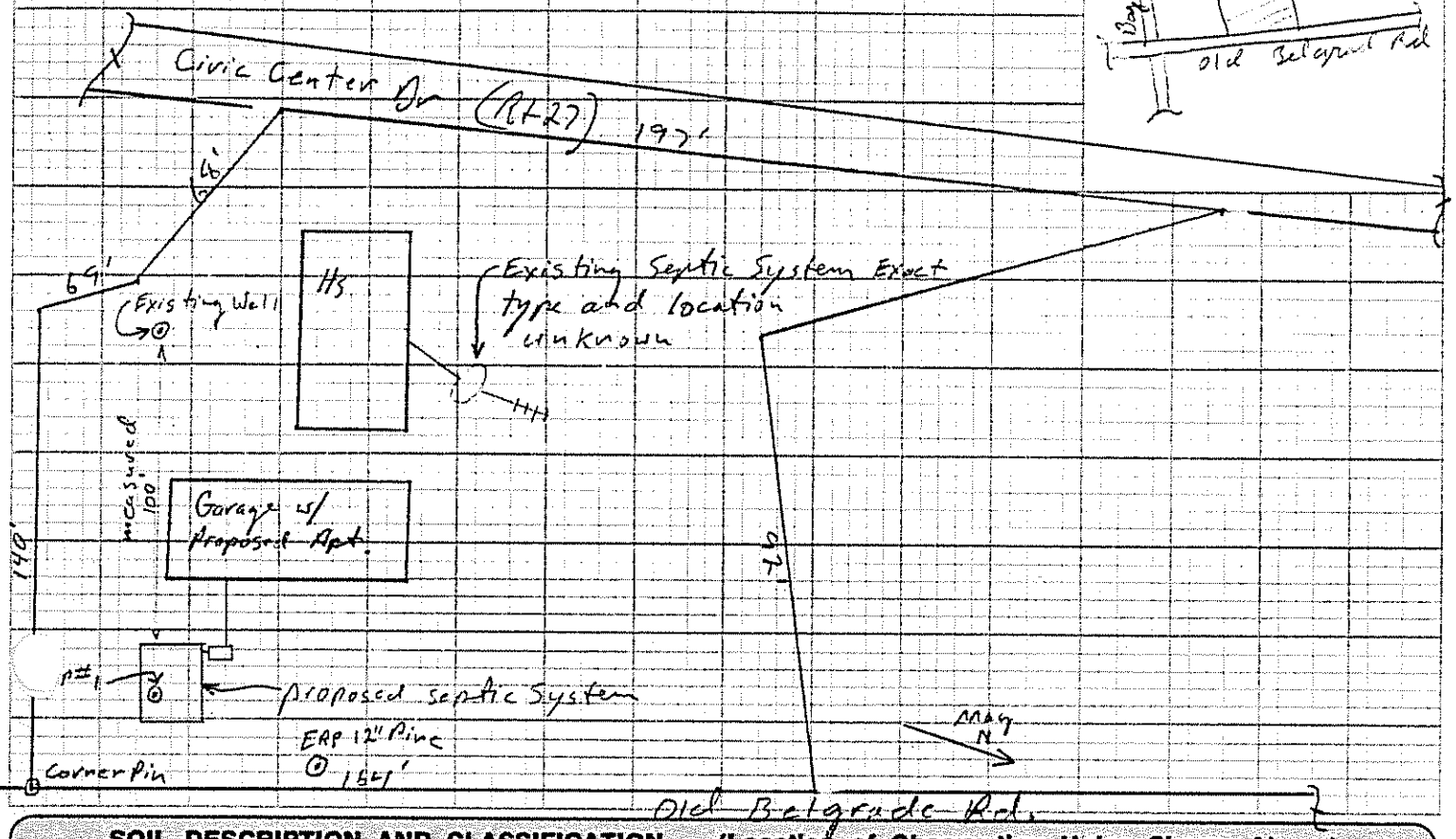
SITE PLAN

Scale 1" = 60* Ft.

Note: plan is taken from Owners site plan which is not exactly to scale

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)





SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP #1 ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	medium sand	Friable	Lt Br	Fill
6–10			Dk Br	
10–15			Br + Yl	mixed or plowed
15–30				No water table mottling

Soil Profile	Classification Condition	Slope	Limiting Factor	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock
5	B	1 %	>48"	

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock
		%		

Harrison Bennett
Site Evaluator Signature

201
SE#

5/30/81
Date

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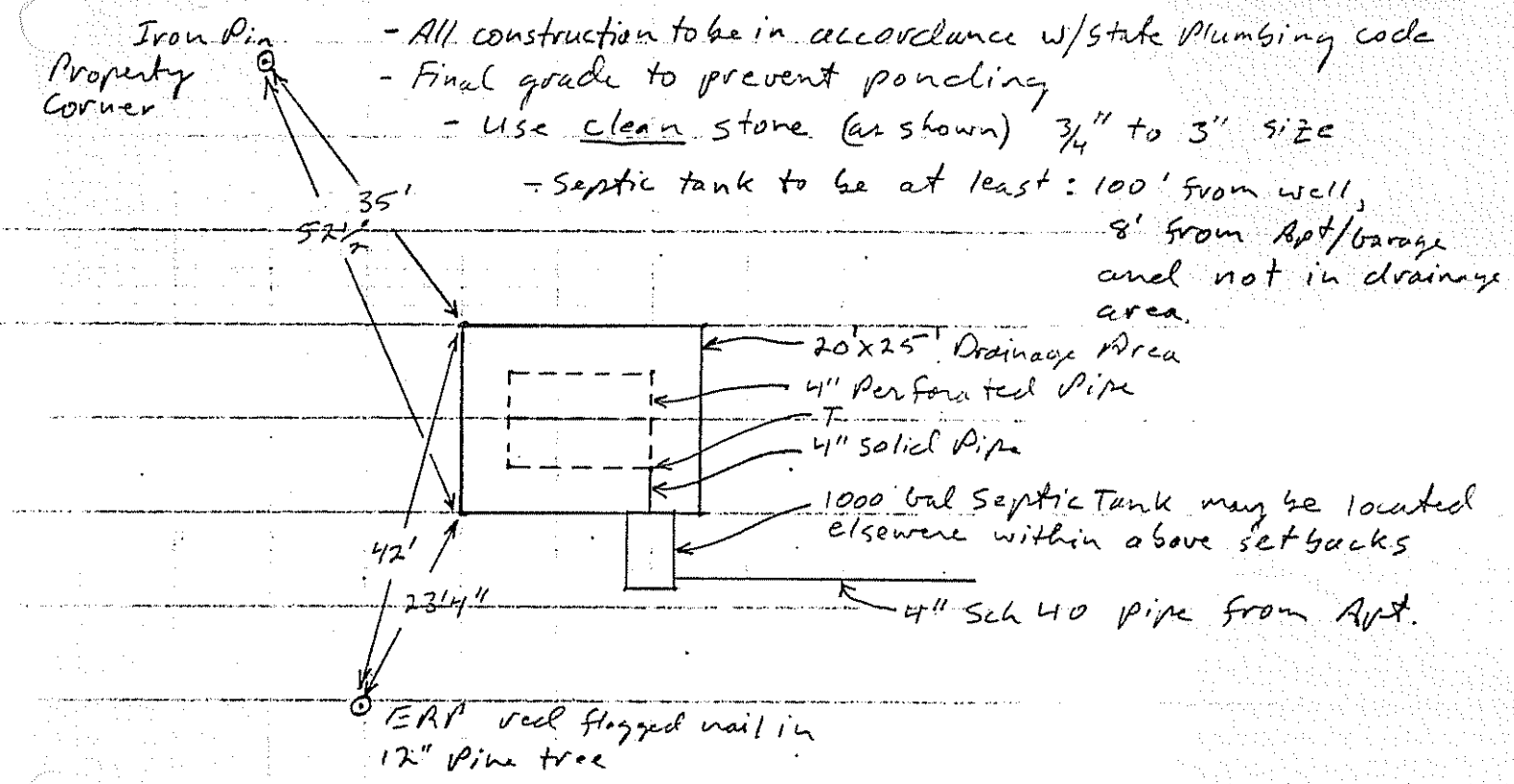
Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta
Street, Road, Subdivision: Rt 27
Owners Name: Olin Charette

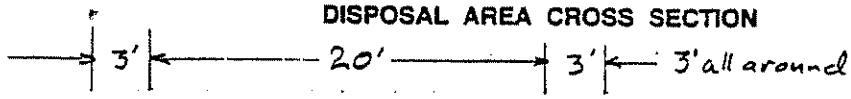
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

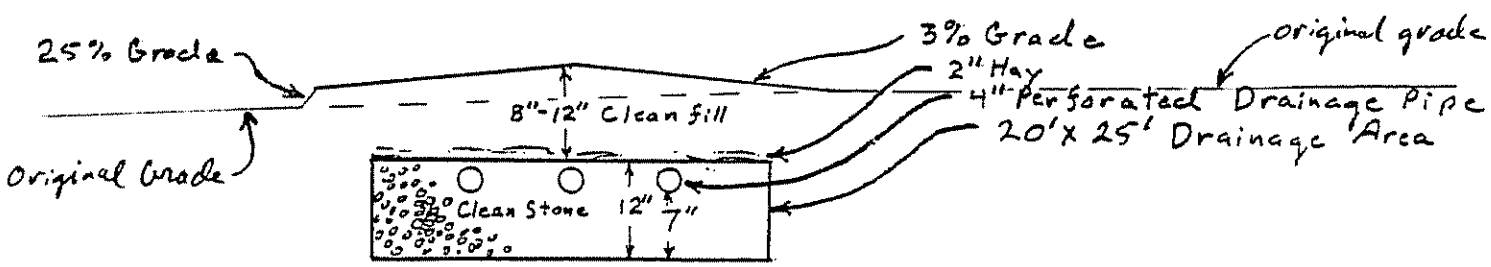


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	1"	Reference Elevation is	0'00"	ERP is red flagged nail in 12" Pine tree
Depth of Fill (Downslope)	3"	Bottom of Disposal Area	-63"	
		Top of Distribution Lines or Chambers	-52"	

DISPOSAL AREA CROSS SECTION



Scale:
Vertical: 1 inch = 2 Ft.
Horizontal: 1 inch = 10 Ft.



Harrison Beyshen 201 5/30/81